



COMPLAINT FORM

Building ____ **Zoning** ____ **Sediment Control** ____ **Right-of-Way** ____ **Well & Septic** ____

Other _____

Date Complaint Received: _____ Time Complaint Received _____

How Complaint is Received: Phone _____ Fax _____ Email _____ Director's office _____

Address of Complaint: _____ Suite _____

City _____ Zip: _____

Complainant Information: (Person making the complaint)

Wishes to remain confidential Yes _____ No _____

Wishes to Remain Anonymous Yes _____ No _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Complainant Comments:

Staff Person Taking Complaint _____ Date: _____

Service Request # _____ Inspector _____

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